UNITED STATES PATENT AND TRADEMARK OFFICE Art Unit: 1623 In Re Application of: TAMURA et a Application No.: 09/700,879 Conf. No. 4195 Examiner: L. C. Maier Filed: November 20, 2000 Washington, D.C. For CONJUGATE OF THERAPEUTIC AGENT FOR JOINT DISEASE AND HYALURONIC ACID Atty.'s Docket: TAMURA=5 Date: April 26, 2005 Honorable Commissioner for Patents U.S. Patent and Trademark Office Customer Service Window Randolph Building, Mail Stop Amendment 401 Dulany Street Alexandria, VA 22314 Sir Transmitted herewith is a [] Amendment [XX] RESPONSE in the above-identified application. Small Entity Status: Applicant(s) claim small entity status. See 37 C.F.R. §1.27. No additional fee is required. The fee has been calculated as shown below: (Col. 1) (Col. 2) (Col. 3) SMALL ENTITY OTHER THAN SMALL ENTITY CLAIMS HIGHEST NO. PRESENT RATE **ADDITIONAL** OR RATE **ADDITIONAL** REMAINING PREVIOUSLY **EXTRA** FEE FEE **AFTER** PAID FOR **EQUALS** AMENDMENT TOTAL MINUS 0 50 \$ 20 25 INDEP MINUS 3 0 100 \$ 200 \$ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM 180 \$ 360 \$ ADDITIONAL FEE TOTAL \$ OR TOTAL \$ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3. If the "Highest Number Previously Paid for" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment of the number of claims originally filed. [XX] Conditional Petition for Extension of Time If any extension of time for a response is required, applicant requests that this be considered a petition therefor. [] It is hereby petitioned for an extension of time in accordance with 37 CFR 1.136(a). The appropriate fee required by 37 CFR 1.17 is calculated as shown below:

Small Entity Other Than Small Entity Response Filed Within Response Filed Within - \$ 60.00 \$ 120.00 First First [] \$ 225.00 \$ 450.00 Second Second 1 \$ 510.00 \$ 1020.00 1 1 Fourth Fourth \$ 1590.00 [] 1 Month After Time Period Set Month After Time Period Set __) already paid for ___ month(s) extension of time on _ Please charge my Deposit Account No. 02-4035 in the amount of \$_ Credit Card Payment Form, PTO-2038, is attached, authorizing payment in the amount of \$ A check in the amount of \$_ is attached (check no.).

The Commissioner is hereby authorized and requested to charge any additional fees which may be required in connection with this application or credit any overpayment to Deposit Account No. 02-4035. This authorization and request is not limited to payment of all fees associated with this communication, including any Extension of Time fee, not covered by check or specific authorization, but is also intended to include all fees for the presentation of extra claims under 37 CFR §1.16 and all patent processing fees under 37 CFR §1.17 throughout the prosecution of the case. This blanket authorization does not include patent issue fees under 37 CFR §1.18.

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